

## Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : MARTIN ACCOUNTING & TAX SERVICE, INC

Account Number : I20060000012 Phone : (305)826-5886 Fax Number : (305)722-0535

## REGISTERED AGENT CHANGE

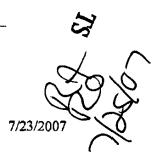
G. C. GROCERS, INC

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502 nge is submitted for a corporation organi r to change its registered office or registe	ized under the laws of the State of FL	ORIDA	
1. The name of	the corporation; G. C. GROCERS, INC		<u></u> -	
2. The principal MIAMI, FL 3	office address: 7610 NW 186 STREET			
3. The mailing a	ddress (if different):			
4. Date of incom	poration/qualification: 04/01/2004	Document number: P04000050	6415	
	street address of the current registered ag timent of State;	gent and registered office on file with	the	
	CORTES GABRIEL			
	6930 NW 186 STREET STE 406 ₽0		TAS C	
	MIAMI, FL 33015		)7 J ECRI	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		HASSEE HASSEE	FILE	
	AREVALO ABELARDO NICOL	AS	P.S.	D
	10190 BOCAENTRADA BLVD	STE 124	2: L TAT ORID	
	(P.O. Box NOT acceptable) BOCA RATON, FL 33428		# #	
The street addre	ss of its registered office and the street a be identical.	address of the business office of its n	egistered agent	•
Such change wa	s authorized by resolution duly adopted e board, or the corporation has been not	by its board of directors or by an of		
V Abelana	Bo T HYCVZIO	ABELARDO N AREVALO	)	
Inereby accept I further agrée to of my duties, and document is beli corporation has	the appointment as registered agent and o comply with the provisions of all statu of I am familiar with and accept the obli- ng filed merety to reflect a change in the been notified in writing of this change.	l agree to act in this capacity tes relative to the proper and compl gation of my position as registered a registered office address, I hereby o	ete performanc igent. Or, if thi confirm that the	e 5
p Hbelon	So M. HREValo	07/23/2007		
(Sig If signing on bel	nation of Megistofed Agent)	(Date)		
. (Т)	ped or Printed Name)			

Make CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

\* \* \* FILING FEE: \$35.00 \* \* \*